

HCBS Strategies, Inc.

2014



Request for Information:

**Illinois Medicaid Health Systems Transformation and
Implementation Consulting Services**

Submitted By:

HCBS Strategies, Inc.

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Cover Page

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On January 9, 2014 the State of Illinois, Governor's Office of Management and Budget ("GOMB"), issued a Request for Information (RFI) to explore options for the implementation of a modernization plan for the State's Medicaid services delivery system. Illinois was awarded a State Innovation Model (SIM) design grant in 2013 from the Center for Medicaid and Medicare Innovations (CMMI) to develop a new approach to improving health and health care in the State. CMMI is encouraging states to develop multi-payer approaches that incentivize healthy behaviors, safe environments, and appropriate community supports linked to high quality care through accountable and comprehensive delivery systems through these grants. The Illinois Office of Health Innovation and Transformation will take the lead in coordinating efforts with partners in the State's health and human services agencies and related internal and external stakeholders. The State Health Care Innovation Plan focuses on models to improve the overall populations' health through collaboration among public health, health care, and community development sectors. The Innovation Plan is meant to incorporate new initiatives, as well as build upon the delivery and payment system reforms already underway in Medicaid and the private sector. HCBS Strategies has expansive expertise in Long Term Services and Supports (LTSS) program delivery systems as well as the development and execution of systems reforms and strategic planning efforts. HCBS Strategies has worked with the Illinois Departments on Healthcare and Family Services (HFS) since 2006 and Aging (IDoA) since 2008. This work has included consulting on the opportunities and challenges related to implementing Community First Choice (CFC) as part of Illinois' 1115. As part of this project and other projects that we have conducted for HFS, staff at all agencies in Illinois that offer LTSS are familiar with our unique knowledge of Medicaid LTSS federal regulatory requirements, program operations, and Illinois-specific issues. As demonstrated below we have a wealth of experience in the development and implementation of such planning processes, as well as developing and implementing waivers, LTSS system reforms, and Medicaid delivery systems. In our experience this initiative will require significant collaboration among various departments, providers, and other stakeholders in order to reform the payment and delivery systems and to enhance quality, improve services and supports, reduce overall costs and increase sustainability.

Response to RFI Questions

1. Describe your organization's expertise in implementing large health care systems delivery reform such as an 1115 Waiver, CMMI State Innovation Model testing projects for developing multi-payer approaches to integrated health care delivery, and similar innovative and transformative state government implementation efforts.

HCBS Strategies is proficient in health and human services program delivery systems, including design, planning, and implementation phases. We have significant experience providing strategic planning, program policy and implementation development, administrative planning and coordination across multiple efforts and initiatives, IT modernization planning and implementation, Medicaid modernization, and systems change efforts that include person centered philosophies and outcome driven methodologies. We have worked across and coordinated with various state agencies, divisions and units as well as local entities and other stakeholders to gather input, obtain buy-in and unite towards common goals.

Systems Transformation

HCBS Strategies has worked on several Systems Transformation efforts that include:

- **Hawaii- Systems Change Developer:** HCBS Strategies was contracted to fulfill the role of the Systems Change Developer (SCD). The objective was to create a five year strategic plan that guided the development of a streamlined operations infrastructure for Hawaii's ADRC, Community Living Program, and Person-Centered Hospital Discharge Planning efforts.
- **District of Columbia Real Choice Systems Change Grants:** HCBS Strategies assisted the DC Department of Mental Health (DMH) in the preparation of three Real Choice Systems Change grants and one Assets for Independence Grant.

- **Maryland Enhanced ADRC Grant:** HCBS Strategies is currently working with MDoA in implementing the Enhanced Aging and Disability Resource Center (ADRC) grant that it has received. HCBS Strategies collaborated with MDoA on the successful application in a highly competitive procurement process. The grant allows MDoA to make substantial enhancements to the Maryland Access Point (MAP) program (Maryland's version of the ADRC). We are involved in a number of the tasks associated with this grant.

1115 Demonstration Waiver

Dr. Lutzky supervised the development, submission, and implementation of twin efforts to expand Medicaid eligibility for individuals who were HIV positive but did not meet the Social Security Administration's definition as being disabled because of AIDS. These efforts included the submission of an 1115 Medicaid demonstration that utilized savings from switching prescription drug financing from traditional Medicaid approaches to the Federal Supply Schedule.

During his tenure as a CMS Division Director, Dr. Lutzky had the opportunity to observe the 1115 review and approval process from the federal side.

In addition, our work with the Hawaii Executive Office on Aging and Texas Department of Aging and Disability Services involved the development of programs that are integrated with their 1115 demonstration waivers.

Recently, under a contract with IDoA and with direction from the Governor's office, we have consulted regarding the feasibility of implementing CFC and the potential implications for Illinois proposed 1115. During this effort, we interviewed key staff at each of the agencies overseeing the delivery of LTSS and obtained an understanding of some of the key operations challenges that Illinois will face as it tries to implement its 1115 Demonstration Waiver.

State Government Consulting Practice with Expertise in Health and Human Services

HCBS Strategies is a small consulting firm that focuses exclusively on helping states and other clients build and improve home and community-based supports. Our mission is to help build systems that maximize individual control and community integration for older adults and individuals with disabilities. Our clients include Medicaid agencies, other state agencies that rely on Medicaid funds, the federal government and other key stakeholders affected by the Medicaid program, such as individuals with disabilities, their advocates and providers. A complete client list may be found at <http://www.hcbsstrategies.com/clients.php> and a full project list has been provided as ***Attachment C***.

The vast majority of our work involves consulting related to health and human services. In addition to the work we are doing with Illinois, we are currently providing this type of consulting to state departments in Alaska, Colorado, Hawaii, Maryland, Minnesota, and Texas.

Medicaid Business Process Modernization

Our primary focus is assisting states in modernizing business operations for Medicaid and other public payers of LTSS. For example, we recently developed a roadmap document for Texas that describes the business operations and information technology changes necessary to comply with Balancing Incentive Program (BIP) requirements and make their operations substantially more efficient.

We have assisted in revising business operations in Illinois including devising new quality management strategies and systems for IDoA and a new resource allocation approach for Illinois' waiver targeted at Medically Fragile, Technology Dependent (MFTD) children.

We have extensive expertise designing intake and access protocols and assessment tools and processes that comply with the BIP requirements that Illinois has committed to meet and with requirements consistent with CMS' just published final rules for 1915(c) waivers (which will also apply to Illinois' 1115 application).

Two of our team members are former state and federal Medicaid officials. We are constantly tracking changes to Medicaid, such as detailed analyses of the Deficit Reduction Act (DRA), the long term care components of the Affordable Care Act (ACA) and CMS' proposed changes to the rules governing 1915(c) waivers. We have worked on projects related to federal grant initiatives including the Balancing Incentives Program, MFP, Medicaid Infrastructure Grants (MIG), and Real Choice Systems Change grants. We have worked on 1915(c) Waiver applications (including using the Waiver application 3.5 formats) and 1115 Demonstrations. Our strong combination of regulatory and programmatic knowledge gives us unique capabilities in assisting states. We have created detailed comparisons of Medicaid funding authorities including administrative match, 1915(a)/(b)/(c)/(g) /(i)/(j), and 1115. We have used this analysis to crosswalk what services and for whom a state wished to draw down FFP with the most appropriate funding opportunity. Our experience participating in federal and state panels reviewing State Plan Amendments and Waiver applications helps us to provide practical advice regarding which is the most reasonable approach. Currently we are working with Maryland's Department on Aging to develop infrastructure for drawing down Medicaid Administrative Federal Financial Participation (FFP) funding for Medicaid LTSS for the MAP (Maryland's ADRC) program.

New Public Management Vs. Old Public Administration Methodology Expertise

We have been working with states to assist them with building infrastructure necessary to manage a system in which a substantially greater part of the oversight of their systems have been contracted out to private sector entities. For example, in Texas and Hawaii we have helped to clarify the role of the State in overseeing private sector companies that are operating managed LTSS programs. This work has included strategies for developing infrastructure necessary to oversee services in an environment in which the state agencies are moved further away from the direct delivery of services. This experience in combination with our Illinois experience will allow us to provide strong assistance to the State as it grapples with questions about how to manage the emerging MLTSS models, such as what should be the roles of existing players, such as Coordinated Care Units (CCUs) and Division

Successfully changing a system requires a complete and accurate understanding of the strengths and weaknesses of the support delivery system. HCBS Strategies works with this philosophy in mind when approaching all scopes of work. We assist our clients to break down silos, gather input, and understand best practices. As we progress through a project we ensure a transparent management process that allows our clients to track progress on tasks and deliverables. We also assist our clients in implementing transparency by encouraging tools such as project blogs, websites, and workgroups to encourage input.

Exhibit A: Project Experience Matrix provides a sample of our relevant past work and how it relates to the RFI's required experience. In addition we have provided a ***Staff Experience*** matrix as ***Attachment A, Staff Resumes*** as ***Attachment B***, and a full list of ***Project Blurbs*** as ***Attachment C***.

2. List the state(s), territories, and/or tribal entities where your organization has implemented complex health care delivery reforms.

a) Describe the focus or components of the reforms that were or are being implemented.

We have listed related projects and their respective states below along with a brief summary and the applicable RFI requirements in the matrix below.

Exhibit A: Project Experience Matrix

Recently, under a contract with IDoA and with direction from the Governor's office, we have consulted regarding the feasibility of implementing CFC and the potential implications for Illinois proposed 1115. During this effort, we interviewed key staff at each of the agencies overseeing the delivery of LTSS and obtained an understanding of some of the key operations challenges that Illinois will face as it tries to implement its 1115 Demonstration Waiver.

Project:	Illinois Feasibility Study on the of Implementation of CFC		
Client:	Illinois Department of Aging		
Requirements			Project Description
Healthcare delivery systems transformation implementations.		X	Illinois Department of Aging (IDoA) contracted with HCBS Strategies and with direction from the Governor's office; we investigated the feasibility of implementing Community First Choice and the potential implications for the
1115 Waiver implementations.		X	

State government consulting practice with expertise in health and human services.		X	proposed 1115 demonstration. During this effort, we interviewed key staff at each of the agencies overseeing the delivery of LTSS and obtained an understanding of some of the key operations and challenges that Illinois will face as it tries to implement its 1115 Demonstration Waiver.
Medicaid business process modernization.		X	
New Public Management vs. Old Public Administration methodology expertise.			
Medicaid Information Technology Architecture (“MITA”) knowledge to coordinate with the State’s ongoing health and human services technology transformation.		X	
Project:	Development of IT to support the implementation of a No Wrong Door system for all community-based LTSS as part of the State' BIP effort.		
Client:	Texas Department of Aging and Disability Services		
Requirements			Project Description
Healthcare delivery systems transformation implementations.		X	The Texas Department of Aging and Disability Services (DADS) contracted with HCBS Strategies and the Center for Information Management (CIM) to assist in the development of information technology (IT) that would support the implementation of a No Wrong Door (NWD) system for all community-based long term services and supports (LTSS) as part of the State's Balancing Incentives Program (BIP) effort.
1115 Waiver implementations.		X	
State government consulting practice with expertise in health and human services.		X	Under this effort, HCBS Strategies conducted a thorough review of the State's current business operations for facilitating access to LTSS. We analyzed the ability of the Texas BIP work plan to meet the core BIP related requirements and made recommendations for refinements and additions. We developed a
Medicaid business process modernization.		X	
New Public Management vs. Old Public Administration methodology		X	

expertise.			roadmap document that will help the State establish the architecture for the IT solution to automate many of these core requirements. This involved the development of programs that worked with their 1115 waivers. Throughout this process we conducted research on models used by other states, focusing on LTSS standardized screen and assessment, inter-communicative IT systems, and other processes around "information follows the person".
Medicaid Information Technology Architecture (“MITA”) knowledge to coordinate with the State’s ongoing health and human services technology transformation.		X	
Project:	Implementation of the Enhanced ADRC Grant and Options Counseling Grant Support		
Client:	Maryland Department on Aging (MDoA)		
Requirements			Project Description
Healthcare delivery systems transformation implementations.		X	<u>Implementation of the Enhanced ADRC Grant</u> HCBS Strategies is currently working with MDoA in implementing the Enhanced Aging and Disability Resource Center (ADRC) grant that it has received. HCBS Strategies collaborated with MDoA on the successful application in a highly competitive procurement process. The grant allows MDoA to make substantial enhancements to the Maryland Access Point (MAP) program (Maryland's version of the ADRC). We are providing assistance with tasks including: <ul style="list-style-type: none">• Administrative start-up and project management• Development of an ADRC CQI plan• Development of a sustainability plan• Expansion of MAP to provide statewide coverage serving all required disability populations.
1115 Waiver implementations.			
State government consulting practice with expertise in health and human services.		X	
Medicaid business process modernization.		X	
New Public Management vs. Old Public Administration methodology expertise.		X	
Medicaid Information Technology Architecture (“MITA”) knowledge to coordinate with the State’s ongoing health and human services technology		X	
			<u>Administrative FFP</u> In addition to these tasks, another core component of these efforts is to develop infrastructure for drawing down Medicaid administrative federal

transformation.

financial participation (FFP) funding for Medicaid LTSS for the MAP program. We are helping the MDoA team establish what method they would like to use for time studies for this program, either random moment time study or continuous daily log. We have piloted methods with participants at entities throughout Maryland and analyzed the results to determine which method will provide the best results for MDoA. ACL has already approved of the draft codes and methodology. The draft codes that were developed as part of the pilot process are now being vetted through Maryland's Department of Health and Mental Hygiene (DHMH). Once approved by DHMH, MDoA will proceed to get approval from CMS for implementation.

Additional projects for MDOA include:**Options Counseling Grant Support**

In previous efforts, HCBS Strategies assisted MDoA with the development and implementation of a grant from ACL to build Options Counseling Infrastructure in Maryland's ADRC program.

Key tasks in this effort included:

- The establishment of infrastructure to facilitate collaboration among the state and local ADRC sites.
- Background research and presentation of proposed models for options counseling
- The development of options counseling protocols for the initial intake, support planning, and ongoing case management business operations.
- The development of staff qualifications, training requirements, and performance indicators.

NH Diversion Modernization Grant

HCBS Strategies assisted MDoA with implementing a NH Diversion grant it received from AoA. HCBS Strategies assisted in a variety of efforts, including the development of targeting criteria in order to identify individuals at high risk of institutional placement and developing reimbursement approaches.

Project:	Hawaii Systems Change Developer		
Client:	Hawaii Department of Health, Executive Office on Aging		
Requirements			Project Description
Healthcare delivery systems transformation implementations.	X	<p>HCBS Strategies was contracted to fulfill the role of the Systems Change Developer (SCD). The objective was to create a five year strategic plan that guided the development of a streamlined operations infrastructure for Hawaii's ADRC, Community Living Program, and Person-Centered Hospital Discharge Planning efforts. The SCD effort built an infrastructure that streamlined access to HCBS, helped target scarce resources to individuals at greatest risk of institutionalization and Medicaid spend down, and provided a participant-directed option under the state-funded Kupuna Care program. While the main thrust of the effort was to develop the five year plan, we also engaged in building infrastructure to develop and sustain collaboration among the stakeholders. As part of this effort, we facilitated the two ADRC recharge conferences.</p>	
1115 Waiver implementations.	X		
State government consulting practice with expertise in health and human services.	X		
Medicaid business process modernization.			
New Public Management vs. Old Public Administration methodology expertise.	X		
Medicaid Information Technology Architecture ("MITA") knowledge to coordinate with the State's ongoing health and human services technology transformation.	X	<p>HCBS Strategies is currently working with EOA and its partners to realize the goals and objectives laid forth in the 5-year plan for implementing ADRCs. HCBS Strategies is working with EOA to implement core pieces of the ADRC operational infrastructure that includes:</p> <ul style="list-style-type: none"> Automating protocols for referrals, intake, assessment, and support planning to include working with Harmony to implement infrastructure and protocols Developing Options Counseling competencies and protocols Creating procedure, approval, and documentation requirements for 	

		<p>drawing down Medicaid administrative federal financial participation (FFP) to support core ADRC functions</p> <ul style="list-style-type: none"> • Establishing memorandum of understandings (MoUs) with other partner agencies • Determining policies and procedures that incorporate evidence-based approaches for targeting services, determining whether case management is needed, and establishing support plans (utilizing the interRAI framework) • Develop provider agreements between Veterans Health Administration Medical Center and the ADRCs. • Development of programs that worked with their 1115 waivers <p>Hawaii Strategic Five-Year Plan Download the strategic plan: http://www.hcbsstrategies.com/download/HI_Systems_Change_5-Year_Plan-HCBS_Strategies_03-15-11.pdf Download Implementation Plan : http://www.hcbsstrategies.com/download/HI_SCD_Implementation_Plan-HCBS_Strategies_05-11-11.pdf</p>
Project:	Aging and Disability Resource Center (ADRC) Liaison for the Money Follows the Person (MFP) Demonstration and HCBS Waiver Quality Management Evaluation	
Client:	Maryland Department of Health and Mental Hygiene (DHMH)	
Requirements		Project Description
Healthcare delivery systems transformation implementations.	X	<u>Aging and Disability Resource Center (ADRC) Liaison for the Money Follows the Person (MFP) Demonstration</u>
1115 Waiver implementations.		HCBS Strategies worked with the Maryland Department of Health and Mental

State government consulting practice with expertise in health and human services.		X	Hygiene (DHMH) to assist in the integration of key parts of Maryland's MFP effort into the ADRC effort known as the Maryland Access Point (MAP) program. The scope of work was expanded to assist the MAPs in meeting ACL criteria for full-functioning ADRCs and the Balancing Incentives Program (BIP). This included conducting operational reviews on each of the 20 MAP sites to develop an inventory of each site's structure, strengths, and challenges. We worked with DHMH, MDoA and other stakeholders to identify the key infrastructure requirements for each MAP site and identify infrastructure that the state was to develop. These requirements and tasks were incorporated into a State Action Plan. We collaborated with each of the MAP sites to develop Individual Action Plans that guided their planning for meeting the new State requirements. <u>HCBS Waiver Quality Management Evaluation</u> HCBS Strategies collaborated with the Delmarva Foundation to assess strengths and weaknesses of three 1915(c) Home and Community-Based Waivers for the Maryland Department of Health and Mental Hygiene. The scope of work included the provision of a roadmap for redesigning a quality improvement system and some initial quality management tools.
Medicaid business process modernization.		X	
New Public Management vs. Old Public Administration methodology expertise.		X	
Medicaid Information Technology Architecture (“MITA”) knowledge to coordinate with the State’s ongoing health and human services technology transformation.		X	
Project:	DC HIV 1115/Ticket to Work		
Client:	DC Department of Mental Health		
Requirements			Project Description
Healthcare delivery systems transformation implementations.		X	Dr. Lutzky supervised the development, submission, and implementation of twin efforts to expand Medicaid eligibility for individuals who were HIV positive but did not meet the Social Security Administration's definition as
1115 Waiver implementations.		X	

State government consulting practice with expertise in health and human services.		X	being disabled because of AIDS. These efforts include the submission of an 1115 Medicaid demonstration that utilized savings from switching prescription drug financing from traditional Medicaid approaches to the Federal Supply Schedule to cover the additional eligibility group and the receipt of a \$26 million dollar CMS grant under the Ticket to Work Demonstration to Support Employment and Independence effort.
Medicaid business process modernization.		X	
New Public Management vs. Old Public Administration methodology expertise.		X	
Medicaid Information Technology Architecture (“MITA”) knowledge to coordinate with the State’s ongoing health and human services technology transformation.			
Project:	DC 1915(c) Waivers		
Client:	DC Department of Mental Health		
Requirements			Project Description
Healthcare delivery systems transformation implementations.		X	DC 1915(c) Elderly/Physical Disability (EPD) Waiver Dr. Lutzky oversaw the successful renewal and expansion of a Medicaid HCBS waiver serving the elderly. The renewal included both the addition of adults (18+) with physical disabilities to what was the "elderly" waiver and an increase in the enrollment cap. Assisted living and attendant care were also included as new Waiver services.
1115 Waiver implementations.			
State government consulting practice with expertise in health and human services.		X	DC 1915(c) MR/DD Waiver CMS approved a long-standing request to amend the District of Columbia's Medicaid HCBS Waiver serving individuals with Mental Retardation and Developmental Disabilities in December 2001. This amendment increased the
Medicaid business process modernization.		X	
New Public Management vs. Old Public Administration methodology		X	

expertise.		scope of funded services. Dr. Lutzky provided oversight to the subsequent renewal that increased the number of people the Waiver can serve and added additional services.
Medicaid Information Technology Architecture (“MITA”) knowledge to coordinate with the State’s ongoing health and human services technology transformation.		
Project:	Systems Change and Assets for Independence Initiatives	
Client:	DC Department of Mental Health	
Requirements		Project Description
Healthcare delivery systems transformation implementations.	X	<p><u>Real Choice Systems Change Grants</u></p> <p>HCBS Strategies assisted the DC Department of Mental Health (DMH) in the preparation of three Real Choice Systems Change grants and one Assets for Independence Grant. We worked with District staff and other key stakeholders to match their goals in improving the delivery of long term supports for individuals with disabilities to the requirements of the grant category that presented the greatest likelihood of success. As a result of these efforts, the District was awarded more than \$2.3 million in grant funds.</p> <p>HCBS Strategies worked with DMH and Georgetown University to implement the Real Choice Systems Change Portals from EPSDT to Adult Service grant. This effort helps identify children in foster care with mental health issues, reform current Medicaid services, and create a new Medicaid case management funding stream to assist them in transitioning to adulthood.</p> <p><u>Integrating Housing and Long Term Supports</u></p> <p>HCBS Strategies assisted DMH in implementing the Districts Real Choice Systems Changing Integrating Long Term Supports With Housing grant. Under this project, we worked with DMH in matching individuals with mental health</p>
1115 Waiver implementations.	X	
State government consulting practice with expertise in health and human services.	X	
Medicaid business process modernization.		
New Public Management vs. Old Public Administration methodology expertise.	X	
Medicaid Information Technology Architecture (“MITA”) knowledge to coordinate with the State’s ongoing health and human services technology transformation.	X	

		<p>issues to housing and developing mechanisms to support home ownership.</p> <p><u>At Risk Youth Wraparound Development</u></p> <p>HCBS Strategies assisted DMH in designing a wraparound program that will help youth with serious mental illness avoid placement in Residential Treatment Centers (RTCs). HCBS Strategies identified possible Medicaid funding streams, financial architectures for reimbursement, and the operational design of the program.</p>
Project:	Development of Community First Choice Option	
Client:	Alaska Department of Health and Social Services	
Requirements		Project Description
Healthcare delivery systems transformation implementations.	X	<p>HCBS Strategies assisted the State of Alaska in exploring the development of the Community First Choice (CFC) option for attendant care services under the provisions of the Affordable Care Act. We reviewed Alaska's current attendant care programs and facilitated discussions with the State on key design decisions that would be required in the implementation CFC. The design considerations included providing consultation of the program framework and participant access, quality assurances, support infrastructure, fiscal impact analysis, and proposed an implementation timeline.</p>
1115 Waiver implementations.		
State government consulting practice with expertise in health and human services.	X	
Medicaid business process modernization.	X	
New Public Management vs. Old Public Administration methodology expertise.	X	<p>As part of this scope of work and as a requirement under CFC we facilitated a participant advisory group designed to provide feedback and guidance to the State on the development of CFC. We also facilitated community forums to obtain additional feedback to the State on the proposed design of CFC. These design decisions and stakeholder feedback were integrated into our final report deliverable that advised the State on the implementation of CFC.</p>
Medicaid Information Technology Architecture (“MITA”) knowledge to coordinate with the State’s ongoing		

health and human services technology transformation.		Download Report: http://www.hcbsstrategies.com/download/AK_Proposed_CFC_Plan 7-5-12.pdf
Project:	Illinois MFTD Waiver Assessment and Resource Allocation Development	
Client:	Illinois Department of Healthcare and Family Services	
Requirements		Project Description
Healthcare delivery systems transformation implementations.	X	HCBS Strategies worked with Health Systems of Illinois (HSI (now eqHealth)) to assist the state of Illinois in building an assessment tool and resource allocation methodology for its 1915(c) waiver targeting medically fragile technology dependent (MFTD) children. The scope of this work also included developing a more objective and valid Level of Care Screening tool to determine eligibility for MFTD waiver services.
1115 Waiver implementations.		
State government consulting practice with expertise in health and human services.	X	
Medicaid business process modernization.	X	
New Public Management vs. Old Public Administration methodology expertise.	X	
Medicaid Information Technology Architecture (“MITA”) knowledge to coordinate with the State’s ongoing health and human services technology transformation.		
Project:	Illinois Medicaid Waiver Quality Management Review	
Client:	Illinois Department of Healthcare and Family Services	

Requirements			Project Description
Healthcare delivery systems transformation implementations.			HCBS Strategies worked with Health Systems of Illinois, a Quality Improvement Organization (QIO), to assist Illinois in maintaining and improving their systems for managing quality in Medicaid funded home and community based services. We are working with the state to develop a strategy for building quality management systems across waivers that comply with CMS requirements and best practices.
1115 Waiver implementations.			
State government consulting practice with expertise in health and human services.		X	
Medicaid business process modernization.		X	
New Public Management vs. Old Public Administration methodology expertise.		X	
Medicaid Information Technology Architecture (“MITA”) knowledge to coordinate with the State’s ongoing health and human services technology transformation.			
Project:	1915(c) Waiver Quality Management Strategy		
Client:	Illinois Department on Aging		
Requirements			Project Description
Healthcare delivery systems transformation implementations.		X	HCBS Strategies assisted the Illinois Department on Aging in building a quality management structure for the State of Illinois Community Care Program (CCP) that complies with CMS requirements for 1915(c) waiver is under application
1115 Waiver implementations.			

State government consulting practice with expertise in health and human services.		X	version 3.5. CCP is an entitlement program serving individuals needing long term supports, who are over age 60, and who live in the community. Many of the people served are Medicaid eligible under the 1915(c) waiver that includes CCP services.
Medicaid business process modernization.		X	
New Public Management vs. Old Public Administration methodology expertise.		X	The project included an operational analysis of the existing quality management structure, comprehensive research of national practices, development of performance indicators, methodologies for discovery and remediation, and recommendations for operational implementation for the new quality management system (including technology tools). The project provided the State with the information needed for their waiver renewal. It also included the development and delivery of training to staff and providers on the requirements of the new system.
Medicaid Information Technology Architecture (“MITA”) knowledge to coordinate with the State’s ongoing health and human services technology transformation.		X	
Project:	Long Term Care Plan		
Client:	Alaska Department of Health and Social Services		
Requirements			Project Description
Healthcare delivery systems transformation implementations.		X	HCBS Strategies assisted the Alaska Department of Health and Social Services develop a plan for improving their long term care system. The report presents the following: <ul style="list-style-type: none">• A summary of the input received from stakeholders via focus groups, interviews and surveys.• Our analyses of strengths and vulnerabilities of the operational infrastructure the State uses to deliver and monitor long term care
1115 Waiver implementations.			
State government consulting practice with expertise in health and human services.		X	
Medicaid business process modernization.		X	

New Public Management vs. Old Public Administration methodology expertise.	X	services. <ul style="list-style-type: none">• Our analyses of expenditure trends.• Recommended actions to be included in the LTCP.
Medicaid Information Technology Architecture (“MITA”) knowledge to coordinate with the State’s ongoing health and human services technology transformation.	X	<ul style="list-style-type: none">• A summary of stakeholder reactions to these recommendations and modifications we made based upon this input.• A three year action plan (3YAP) that translates the recommendations to be implemented within the first three years into discrete and interrelated tasks.• The framework for an Ongoing Planning Process to oversee the implementation of these changes. <p>Download Report: (http://www.hcbsstrategies.com/download/AK Long Term Care Plan-Final Report-HCBS Strategies 10-23-08.pdf)</p>

b) Include contact information for the referenced implementation(s) and the name(s) of the individual(s) who can verify the status of the implementation(s).

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3. Complete the following Matrix summarizing the subject of the projects that have been implemented or are in progress. (List each referenced program on a separate line.)

Project Summary details have been listed as part of **Exhibit A**. We have listed our most recent major projects below. In addition a complete list of projects can be found as **Attachment C: Project Blurbs**.

State/Territory/Tribal Program Referenced	Health Reform Implementation Focus/Components	Start Date of Implementation	Projected Completion Date	Project Website
Texas	IT development to support NWD for LTSS as part of BIP	January 2013	On going	N/A
Maryland	Enhanced ADRC Grant	March 2013	On going	http://mdffppi.lot.blogspot.com/
Maryland	Options Counseling	January 2011	September 2012	http://mdopti ons.blogspot.com/
Maryland	MFP Liaison	September 2011	October 2012	N/A
Hawaii	Systems Change Initiative	March 2010	On going	http://adrccentrality.blogspot.com/

Attachments

Attachment A: Staff Experience and Bios

Staff Experience Matrix

	Steven Lutzky	Shirley York	Kristy Michael	Andrew Cieslinski
Medicaid subject matter expertise	●	●	●	●
Technical expertise in complex health care delivery systems transformation, Medicaid business process operations, and related actuarial and fiscal operations	●	●	●	●
Medicaid State Plan amendments	●	●	●	
Medicaid provider reimbursement methodologies	●	●	●	●
Clinical and social work methodologies	●	●		●
Data analytics	●	●	●	●
Provider incentives management planning	●	●		
Outcomes benchmarking and monitoring	●	●	●	●
Medical workforce development planning	●	●		
Managed care implementation planning	●	●	●	●
Health and human services consent decrees	●	●	●	●
Organizational change management	●	●	●	
Legislative affairs	●	●		
Internal and external stakeholder engagement	●	●	●	●
Project management and consulting experience	●	●	●	●

Staff Bios

Our team brings a wealth of experience and knowledge to this proposal. We included a brief bio of professional experience for each team member.

Steven Lutzky, Ph.D., MA, will serve as the overall lead for this effort. Dr. Lutzky has conducted research on and development of home and community-based systems (HCBS) for individuals with disabilities and long term illness for the federal government, states, and private sector clients. He has extensive experience designing, implementing and evaluating these systems. As a consultant for HCBS Strategies, Dr. Lutzky has been involved in systems transformation efforts in Minnesota, Illinois, the District of Columbia, Maryland, Indiana, Hawaii and Alaska. He has been providing technical assistance to the Aging and Disability Resource Center grantees under a contract with The Lewin Group and the US Administration on Aging.

Dr. Lutzky served as the Director of Division for Advocacy and Special Issues (DASI), within the Disabled and Elderly Health Program Group, Center for Medicaid and State Operations (CMSO), Center for Medicare and Medicaid Services (CMS). DASI's responsibilities include overseeing the development and monitoring of the Real Choice Systems Change for Community Living Grants, the Medicaid Infrastructure Grants, the Demonstration to Support Employment and Independence, and the annual Real Choice Systems Change/Ticket to Work conference.

Prior to joining CMS, Dr. Lutzky served as the Chief of the Office on Disabilities and Aging within the District of Columbia's Medical Assistance Administration. Dr. Lutzky also has research and policy experience through his work as a Senior Manager with The Lewin Group, with the US General Accounting Office (GAO), and his participation in and management of a number of academic research studies and evaluations. Dr. Lutzky has written and presented on long-term care and disability issues for US Senate Finance Committee, Senate and House staffers, several agencies within the U.S. Department of Health and Human Services and individual State governments, as well as interest groups (e.g., AARP and Families USA), and other private sectors clients.

Shirley York has been working with HCBS Strategies since retiring in December 2007 from her position as the Director of Disability Services and HIV/AIDS divisions for the state of Minnesota, Department of Human Services. In this capacity, Ms. York was responsible for long term care services for all populations under age 65 and was also responsible for insurance and drug programs for people living with HIV/AIDS. Her divisions were the “Medicaid agency” for institutional and home and community based services, state plan services such as home health and personal care assistance, other Medicaid demonstration projects (Medicaid Infrastructure Grant, Demonstration to Maintain Independence and Employment), and all state funded programs serving these populations. Shirley, along with her state staff, introduced critical reforms to Minnesota programs. These included the introduction of consumer directed services, a consolidation/integration of disability policy and programs across populations, budget allocation reforms, person centered and comprehensive assessment protocols, and other critical policy that created the basis for Minnesota’s strong service infrastructure. Ms. York was responsible for leading efforts resulting in financial stability for the insurance and drug programs for HIV/AIDS. Additionally, she introduced the early proposals for managed care and later partnered with Health Care Purchasing within DHS to create managed care demonstrations for individuals with disabilities. During her tenure at Minnesota DHS, Shirley was also the director of Health Care Services. This cluster of divisions included primary care health services under Medicaid, MinnesotaCare, and General Assistance Medical Care. While in this position, her divisions proposed the first conceptual design for a web based eligibility system in the state, and addressed needed improvements in areas such as TEFRA, EPSDT, dual eligibility processes, mental health benefits, and estate transfers. Her other experiences are heavily rooted in building community based and consumer directed systems. She was a key team member in negotiating policy and budget measures that led to the downsizing and closure of the state hospital system. Previously, during her time in Michigan, she was a key team member in accomplishing the first institutional closure to result in all residents placed into community based services.

Since her retirement in 2007, Ms. York has worked on several substantial consulting projects in collaboration with HCBS Strategies. These projects include 2 projects for the state of Alaska that would result in comprehensive reforms to Medicaid and state funded long term care services, a redesign of quality management systems for one of Illinois’ largest community based programs, development of

technical manuals for Illinois, 2 projects with Hawaii's Executive Office on Aging resulting in implementation of a 5 year plan for the state's ADRC, projects with Minnesota to implement its comprehensive assessment tool, and development of an optional shared service PCA program for the District of Columbia. In summary, Ms. York has been in the forefront of system reform at an operational level for many years. Her background is diverse and multi-faceted. She brings the practical experience of both leading and implementing major policy reforms at a state and regional level.

Andrew Cieslinski is a Research Assistant at HCBS Strategies who has an extensive research background. As a research assistant he conducts literature reviews, policy research and analysis, and provides administrative support. He is currently pursuing his Masters in Public Health at the University of Michigan with a focus on health behavior and health education with certificates in health communication and global health.

Prior to joining the HCBS Strategies team, he worked as a clinical research assistant at the University of Michigan's Institute of Gerontology. He also has experience working as a lead resident care provider in an adolescent residential psychiatric facility and as a resident aide at an assisted living facility.

Kristy Michael is an Associate at HCBS Strategies who has extensive project management, meeting logistics, product development, marketing, and grant writing experience. As an Associate for HCBS Strategies, Ms. Michael has been involved in projects for the District of Columbia, State of Minnesota, and the State of Illinois. She has written policies and procedures for a systems change grant that provides transition services to dual diagnosed adults and foster care youth, as well as various marketing materials for that project to include brochure, website text and various other tools to be used in house for the processing and management of those transition services. She has participated in analysis of district service systems and focus groups gathered to discuss those systems for youth transition out of foster care. She has done statistical data analysis, database creation, research and literature review as well as policy analysis. In addition, she has contributed to the development of multiple comprehensive assessment tools. She coordinated the survey, consumer focus groups and community forums for the Alaska Long Term Care Plan project. This process included recruiting stakeholder participants as well as

the logistical coordination of the event sites, audio visual requirements, panelists etc. She understands the issues of accessibility for stakeholders and works with them to accommodate needs to ensure participation from a stakeholder base that represents the entire geographic area. Ms. Michael was recently involved in a systems analysis and standards evaluation for several Centers for Independent Living in the State of Pennsylvania. During this project she will also be creating a process and procedure manual for the organizations. Currently she is heavily involved in Maryland's Options Counseling initiative where she is assisting in the development of options counseling standards and protocols, to include the development of an automated set of online data collection tools to support the draft protocols during the pilot phase. During this project she developed the training manual to support the online tools and provided training to the county and corresponding CIL piloting this tool. Ms. Michael served as a liaison for Maryland's Department on Aging and Department of Health and Mental Hygiene as they transition out of their Money Follows the Person (MFP) initiative. Part of this included performing a readiness assessment of the state's 20 active and developing ADRC sites (Maryland Access Points) and determining areas of impact with the MFP transition, as well as implications on Options Counseling and the Balancing Incentive Program. This work also involved assisting the MAP sites in developing their individual site action plans in relation to the State action plan. Prior to joining HCBS Strategies, she managed the development and implementation of projects for nonprofit organizations and a knowledge management software company. She has a Bachelor of Science degree from Bucknell University. Her experience overseeing projects from initial conception, execution and launch enable her to navigate easily through the often difficult issues that arise during the development process. She was responsible for training clients on new software releases, collecting and interpreting their feedback into new releases, as well as the management of software updates and creation of training manuals. As a Development Specialist re-vamped development departments to include best practice standards and the use of IT to organize and manage fundraising programs, restructure annual and capital campaigns, grant support, membership, major gifts, and planned giving to afford the ability to meet annual budget expectations. She has worked with board of directors to analyze annual budgets and prepare fiscal budgetary spending reports. She has planned and executed a number of events and conferences to

include the marketing, management of speakers, obtaining and managing sponsorships, site coordination, technical requirements, and food and beverage requirements.

Attachment B: Staff Resumes

STEVEN LUTZKY, PH.D.

President
HCBS Strategies, Inc.

PROFILE

Steven Lutzky, Ph.D. is the President of HCBS Strategies, Inc. Dr. Lutzky has conducted research on and development of home and community-based systems (HCBS) for individuals with disabilities and long term illness for the federal government, states, and private sector clients. He has extensive experience designing, implementing and evaluating these systems. He also has extensive experience writing grants, fiscal impact analyses and reports for decision makers and the general public.

Dr. Lutzky has written and presented on long-term care and disability issues for US Senate Finance Committee, Senate and House staffers, several agencies within the U.S. Department of Health and Human Services and individual State governments, as well as interest groups (e.g., AARP and Families USA), and other private sector clients. As a consultant for HCBS Strategies, Dr. Lutzky has been involved in systems transformation efforts in Minnesota, Illinois, Alaska, the District of Columbia, Maryland, Indiana and Arizona. He currently provides consulting to the US Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS).

Dr. Lutzky served as the Director of Division for Advocacy and Special Issues (DASI), within the Disabled and Elderly Health Program Group, Center for Medicaid and State Operations (CMSO), CMS. DASI's responsibilities include overseeing the development and monitoring of the Real Choice Systems Change for Community Living Grants, the Medicaid Infrastructure Grants, the Demonstration to Support Employment and Independence, and the annual Real Choice Systems Change/Ticket to Work conference.

Prior to joining CMS, Dr. Lutzky served as the Chief of the Office on Disabilities and Aging within the District of Columbia's Medical Assistance Administration. Dr. Lutzky also has research and policy experience through his work as a Senior Manager with The Lewin Group, with the US General Accounting Office (GAO), and his participation in and management of a number of academic research studies and evaluations.

EDUCATION

Andrus Gerontology Center, University of Southern California <i>Los Angeles, CA</i>	1995
Ph.D. in Gerontology and Public Policy	
Cornell University <i>Ithaca, NY</i>	1990
M. A., Human Development and Family Studies	
University of California, Santa Cruz <i>Santa Cruz, CA</i>	1986
B. A. in Sociology and Psychology	

**EMPLOYMENT
HISTORY**

President, HCBS Strategies Inc. <i>Baltimore, MD</i>	2004-Present
Assists clients in designing, implementing and evaluating of HCBS	
Major state clients include MN, IL, DC, AK, HI and MD	
Federal clients include Administration on Aging (AoA) and CMS	
Director, Division for Advocacy and Special Issues (DASI) Centers for Medicare and Medicaid Services (CMS) US Department of Health and Human Services <i>Baltimore, MD</i>	2002-2004
Oversaw:	
Real Choice Systems Change Grants	
Medicaid Infrastructure Grants	
Demonstration to Support Employment and Independence	
CMS HCBS Technical Assistance	
HCBS Data Systems Development	
HCBS policy and legislation development	
Chief, The Office on Disabilities and Aging, Medical Assistance Administration, Department of Health <i>District of Columbia</i>	2000-2002
Oversaw all Medicaid funded disability and long term care (circa \$.5 Billion)	
Reformed 3 1915(c) waivers	
Developed and received approval for an 1115 Demonstration	
Development of new reimbursement methodologies for institutional and community-based long-term care services	
Writing and winning \$30 million in grants	
Streamlining operations for long-term care services	
Recruiting and managing staff	
Securing and managing the work of contractors	
Senior Manager, The Lewin Group <i>Falls Church, VA</i>	1995-2000

Long term care and HCBS research and consulting

Major clients included several US Dept. of Health and Human Services agencies, and interest groups (e.g., AARP)

ADDITIONAL EXPERIENCE

- Research and policy work with the US General Accounting Office (GAO)
- Participation in and management of academic research studies and evaluations
- Testified or conducted presentations for US Senate Finance Committee, and Senate and House staff

HONORS AND AWARDS

CMS Administrator's Award	2003
Sigma Phi Omega National Academic Honor and Professional Society in Gerontology	1994
Student Award for Research, Social Research, Policy and Practice Section, Gerontological Society of America	1992

PEER REVIEWED PUBLICATIONS

Lutzky, S., & Alecxih, L.M.B. (1999). Enabling informed consumer choice in the long-term care insurance market. *Journal of Aging and Social Policy*, 10, 3, 27-44.

Lutzky, S. & Wee, K. (1999). Medicare+Choice organizations and long-term care insurance: Creating synergies to improve enrollment, quality of care. *Managed Medicare & Medicaid*, March 1, pp. 4-5. Available at <http://www.mcareol.com/mcolfree/mcolfre1/mcolfre2/artcl352.htm>.

Lutzky, S. (1997). Understanding the implications of new federal guidelines for tax qualified long-term care insurance policies. *Journal of Compensation and Benefits*, 13, 2, 46-49.

Alecxih, L.M.B. & Lutzky, S. (1995). Private long-term care insurance: Barriers to purchase and retention. In J. Wiener (ed.) *People with disabilities: Issues in health care financing and delivery*. Washington, DC: The Brookings Institution.

Lutzky, S., & Knight, B. (1994). Explaining Gender Differences in Caregiver Distress: The Roles of Attentiveness to Emotions and Coping Styles. *Psychology and Aging*.

Knight, B., Lutzky, S., & Macofsky-Urban, F. (1993). A meta-analytic review of interventions for caregiver distress: Recommendations for future research. *The Gerontologist*, 33, 240-248.

ADDITIONAL PUBLICATIONS

"Five-Year Plan for Implementing: Aging and Disability Resource Centers, the Community Living Program, and Person-centered Hospital Discharge Planning in Hawaii." Prepared for the Hawaii Executive Office on Aging. March 2011. Available at: <http://www.hcbsstrategies.com/HI%20Systems%20Change%205-Year%20Plan.pdf>.

"Recommendations for the Alaska Long Term Care Plan: Final Report," Prepared for the Alaska Department of Health and Social Services, October 2008. Available at: www.akltc.com.

"Improving HCBS Delivery Systems for Older Adults and Individuals with Disabilities: Redesigning Information Technology and Business Processes to Support Participant

Control, Quality, and Cost Effectiveness,” prepared for the US Administration on Aging, April 2008. Available at <http://www.adrc-tae.org/tiki-index.php?page=BusinessPlanning> .

"Aging and Disability Resource Center Business Plan Template," prepared for the US Administration on Aging, September 2004. Available at <http://www.adrc-tae.org/tiki-page.php?pageName=Business+Operations-Public#Business>.

"Assessing State's Long-Term Care Insurance Regulatory Capacity," prepared for AARP, February 2002. Available at http://research.aarp.org/il/2002_02_ltc_1.html.

"Home and Community-Based Services for Older People and Younger Adults with Physical Disabilities in Wisconsin," prepared for the Center for Medicare and Medicaid Services, August 2001. Available at http://www.urban.org/Uploadedpdf/410376_HCBS_Wisconsin.pdf

"Home and Community-Based Services for Older People and Younger Adults with Physical Disabilities in Washington," prepared for the Center for Medicare and Medicaid Services, June 2001. Available at http://www.urban.org/UploadedPDF/410355_home-services.pdf.

"Review of the Medicaid 1915(C) Home and Community Based Services Waiver Program Literature and Program Data," prepared for the Health Care Financing Administration, June 2000. Available at <http://www.cms.hhs.gov/medicaid/services/hcbsprog.pdf>.

"Assessing the Impact of the SCAN Social HMO on Long Nursing Facility Stays," prepared for SCAN Health Plan, September 2000.

"Restricting Underwriting and Premium Rating Practices in the Medigap Market: The Experience of Three States," prepared for the American Association of Retired Persons, January 2001. Available at http://research.aarp.org/health/2001_01_medigap.pdf

"Wisconsin Family Care Implementation Process Evaluation Report," prepared for the Wisconsin Legislative Audit Bureau, November 2000. Available at www.legis.state.wi.us/lab/reports/00-0famcare.pdf.

"A Survey of Employers Offering Group Long-Term Care Insurance to Their Employees," prepared for the Office of the Assistant Secretary for Planning and Evaluation, July 2000. Available at <http://aspe.hhs.gov/daltcp/reports/lcinsfr.htm>.

"Key Issues Affecting Accessibility to Medigap Insurance," prepared for the Commonwealth Fund, August 1997. Available at: <http://www.cmwf.org/programs/medfutur/alecex.asp>.

"Estimated Cost Savings from the Use of Home and Community-Based Alternatives to Nursing Facility Care in Three States," prepared for the AARP, November 1996. Available at: http://research.aarp.org/health/9618_savings.html.

"Cost-Estimates for a Proposed Personal Assistance Program in Vermont," prepared for the Vermont Health Care Authority, March 1996.

"Private Long-Term Care Insurance Benefit Eligibility Triggers: The Implications of Alternative Definitions," prepared for the American Association of Retired Persons, August 1995. Available at http://research.aarp.org/consume/9605_triggers.html.

SELECTED PRESENTATIONS

- "Building Decision Support Tools and Other Infrastructure to Support a Full-Functioning ADRC in Hawaii"* Presentation at the National HCBS Conference. Washington, DC (September 2011).
- "Measuring States' Efforts Toward a Person-Centered, Rebalanced System of Long-Term Services and Supports"* Presentation at the National HCBS Conference. Atlanta, GA (September 2010).
- "Ho'ohuli -Transforming Systems to Facilitate Informed Choice and Participant Direction in Hawaii,"* Presentation at the National HCBS Conference. Atlanta, GA (September 2010).
- "Building a Data-driven Web-enabled Quality Management System in Illinois,"* Presentation at the National HCBS Conference. Denver, CO (September 2009).
- "Developing a Plan for Improving Long Term Care in the State of Alaska,"* Presentation at the National HCBS Conference. Denver, CO (September 2009).
- "Maryland's Public Service System for Vulnerable Adults,"* Presentation and facilitation of conference sponsored by the Maryland Department of Human Resources (May 2009).
- "Improving Core Business Processes Supporting California's Multipurpose Senior Services Program,"* Presentation given to SCAN Foundation's The Future of Care Coordination in California Conference (December 2008).
- "Summary of the Deficit Reduction Act of 2005 Changes that Impact Long Term Care,"* Series of presentations given to US Administration on Aging and Aging network staff. (August through September 2006).
- "State Efforts to Redesign Their Long-Term Care Delivery Systems,"* Testimony given to the Bipartisan Congressional Caucus on Disability. Washington, DC (July 13, 2004).
- "CMS' Efforts to Facilitate Individual Control and Community Integration for Individuals with Disabilities."* National Health Policy Forum on Implications of the Olmstead Decision (November 24, 2003).
- "State efforts to redesign their long-term care delivery systems."* Testimony given to the Senate Finance Committee (March 27, 2001).
- "Using e-health to manage Medicaid long-term care costs."* Presentation given at the 5th annual Congress on Managed Medicaid & Medicare. Washington, DC (January 2001).
- "Addressing competition in a federal employee long-term care insurance offering."* Presentation given to staff from US House of Representatives (January 13, 2000) and US Senate (February 7, 2000).

Shirley Patterson York**Principal, York Strategies Group**

7830 East Camelback Road #708

Scottsdale, Arizona 85251

612-616-4792

azyork@cox.net and shirley@hcbs.info**York Strategies Group, LLC (2007 to current)**

York Strategies Group provides consultation to public and private agencies providing human services. Areas of focus include policy development, funding and reimbursement, service planning and delivery, financial/operational management, quality initiatives, and organizational leadership/governance.

Projects working with HCBS Strategies, Inc.

- District Of Columbia: Analysis and recommendations regarding the District's use of Personal Care Assistance under Medicaid
- State of Alaska, Department of Health and Social Services: Completed a comprehensive evaluation of long term care system (including business operations, budget structures, and policy application) and made recommended changes to address long term sustainability and effectiveness in serving long term care populations
- State of Alaska, Seniors and Disabilities Services Division, DHSS: Senior consultant on project to design new Medicaid service under the 1915(k) authority (Community First Choice Option)
- State of Illinois, Department on Aging: Developed quality management plan, systems, and operational manuals compliant with the HCBS quality framework for 1915(c) waiver, and assisted state in the renewal process using the 3.5 application process
- Health Systems of Illinois: Completed an analysis of the state's Medicaid waiver serving children who are medically fragile and technology dependent to recommend improvements in service options
- State of Minnesota, Department of Human Services: Finalize modules related to the state's comprehensive assessment and service planning system, develop quality management strategies, develop assessor payment random moment time study codes and definitions, develop training and operational materials necessary to implement the assessment and payment system statewide
- State of Illinois, Department on Aging: Develop operational manuals and complete analysis related to gaps in policy for the state's Community Care Program (Current project)
- State of Hawaii, Executive Office on Aging: Acting as the "system change developer" to assist the state in planning and coordinating its plan to implement three federal system change grants, including expansion to fully functioning ADRC, and implementation of CLP and Hospital Discharge grants
- State of Hawaii, Executive Office on Aging: Develop protocols, policies, tools, and structure for implementation of the five year plan to achieve full functioning status for all ADRC sites in Hawaii

Director, Disability Services and HIV/AIDS (1998 to 2007)

Minnesota Department of Human Services (DHS)

- Oversaw long term care services for adults and children with: developmental and cognitive disabilities, physical disabilities, brain injury, chronic medical conditions, and mental illness
- Responsible for all Medicaid long term care policy and operations including: four home and community services waivers, home health agency services, personal care attendant services, case management, institutional services, consumer directed community services, crisis services, and day services/supported employment
- Responsible for long term care policy and operations relating to State grant programs including: semi-independent livings services, consumer support grants, family support grants
- Responsible for federal grant initiatives including: Pathways to Employment (Medicaid Infrastructure Grant) and Demonstration to Maintain Independence and Employment
- Oversaw HIV/AIDS insurance and drug programs, including Ryan White funds
- Oversaw contracts for a statewide Information and Assistance system (Disability Linkage)
- Managed annual budget in excess of 1.25 billion dollars
- Managed 100 central office staff and regional representatives
- Prepared, presented, and negotiated Governor's policy and budget initiatives relating to disability service at Minnesota Legislature
- Oversaw the development of state regulations pertaining to disability services including licensing rules, administrative rules, and standards of practice
- Oversaw the development of Medicaid State Plan service requirements and Medicaid waiver requirements used by people with disabilities
- Oversaw quality architecture and compliance with all state and federal regulations

Other MN DHS Experience (1985 to 1998)

- **Director, Minnesota Health Care Programs:** Managed divisions responsible for eligibility, enrollment, and benefits for Minnesota's Health Care Programs, including Medicaid, MinnesotaCare, and General Assistance Medical Care
- **Manager, Commissioner Special Project:** Key team member responsible to negotiate and implement the closure of state hospitals serving people with developmental disabilities. Included work with Minnesota Legislature, Governor's office, unions representing state employees, communities and stakeholders impacted by closing facilities
- **Director, Developmental Disabilities Division** (before consolidation with other disability divisions) Oversaw the management, operation, policies, and regulations pertaining to long term care services and supports for people with developmental disabilities, including ICF/MR, HCBS waiver, case management, and State grant programs
- **Assistant Director, Developmental Disabilities Division:** Managed home and community based waiver programs and regional offices responsible to develop community based services in cooperation with county human service agencies

- **Policy Lead, Case Management Services**, Developmental Disabilities Division : Responsible to design and implement new standards for the provision of case management services through county human service agencies

Director, Clinical and Case Management Services (1980 to 1985)

Northeast Michigan Community Mental Health Services Board

- Developed and managed a case management system designed to support people with developmental disabilities who were being placed into community services from institutional services, supervised all case managers employed in a four county area
- Developed and managed all professional services necessary to support people with developmental disabilities placed into community services from institutional services; supervised nurse consultants, psychologists, occupational therapists, dieticians, physical therapists, speech and language therapists, etc.
- Developed and managed all health care support contracts for people with developmental disabilities placed into community services from institutional services (clinics, pharmacies, inpatient hospitals, psychiatric, etc.)
- Developed Affiliated Staff Agreements with inpatient hospitals and psychiatric units to insure coordinated treatment and discharge for persons with developmental disabilities who were in an inpatient arrangement
- Assured compliance with licensing and certification standards for day, residential, and support services
- Managed all Child Placing Agency duties for children with developmental disabilities who were in out-of-home placement
- Developed and managed cooperative agreements with all public school systems for interagency service planning for children served by the agency
- Insured compliance with Medicaid reporting and billing for services
- Provided consultation and assistance to the State of Michigan on “most difficult to serve” individuals with developmental disabilities residing in institutions for the purpose of designing successful community based services

Other Experience, Northeast Michigan Community Mental Health Services Board (1976-1980)

- **Supervisor/Manager of Day Services**: Managed day program staff and program sites serving people with developmental disabilities
- **Case Manager and Assessment Specialist**, Developmental Disabilities Services

North Putnam Intermediate School District (1973-1975)

- **Special Education Teacher**, High School and Junior High School Program, Children with Severe and Moderate Developmental Disabilities

Credentials:

- Masters of Science, Education, Indiana State University
- Bachelors of Science, Education, Indiana State University
- Professional Courses: Michigan State University and Indiana University (Graduate Level Coursework in Teaching Children with Autism and Learning Disabilities)
- Previously licensed as a Social Worker in State of Michigan
- Previously certified to head Child Placing Agency activities in State of Michigan

Other:

- Frequent group/conference speaker
- Presenter on Radio and Television including:
 - Jim Leher Report-Nightly News(PBS)
 - Almanac (TPT-PBS)
 - Public Radio
 - KSTP News (ABC Affiliate)
- Media Representative of Employer to various media outlets

KRISTY W. MICHAEL

Associate

HCBS Strategies, Inc.

PROFILE SUMMARY

She is an Associate at HCBS Strategies who has extensive project management, meeting logistics, product development, marketing, and grant writing experience. As an Associate for HCBS Strategies, Ms. Michael has been involved in projects for the District of Columbia, State of Alaska, Hawaii, Maryland, Minnesota, and Illinois. She has written policies and procedures for a systems change grants including various supportive tools, materials, and protocols to be used. She has done statistical data analysis, database creation, research and literature review as well as policy analysis. Ms. Michael contributed to the development of multiple comprehensive assessment tools, as well as coordinated surveys, consumer focus groups and community forums, stakeholder conferences and workgroups for the Alaska LTSS Plan project, and Hawaii Systems Change Grant. Ms. Michael recently completed a systems analysis and standards evaluation for several Centers for Independent Living in the State of Pennsylvania. This project also included creating a process and procedure manual for the organizations. She is currently working as a liaison for Maryland's MFP initiative with their ADRC sites, referred to as MAP (Maryland Access Points) sites as well as on Maryland's Options Counseling effort. Prior to that she participated on Maryland's CLP project. She has worked with board of directors to analyze annual budgets and prepare fiscal budgetary spending reports. She has planned and executed a number of events and conferences to include the marketing, management of speakers, obtaining and managing sponsorships, site coordination, technical requirements, and food and beverage requirements.

EDUCATION Bucknell University Lewisburg, PA

1999

Bachelor of Science in Secondary Education and English

EMPLOYMENT HISTORY**Associate, HCBS Strategies Inc. Baltimore, MD****2006-Present**

- Participated in projects for the District of Columbia, State of Minnesota, and the State of Illinois
- Written policies and procedures for a systems change grant that provides transition services to dual diagnosed adults and foster care youth
- Created marketing materials for systems change grant to include brochure, website text and various other tools to be used in house for the processing and management of transition services
- Participated in focus groups gathered to discuss district service systems for youth transition out of foster care
- Performed statistical data analysis, database creation, research and literature review as well as policy analysis for various projects
- Created policy and procedure manuals for several Pennsylvania Centers for Independent Living and FE/A entities
- Contributed to the development of multiple comprehensive assessment tools.
- Developed a set of quality management tools for a PA Fiscal Management Provider
- Currently assisting with the development of Options Counseling protocols, as well as the development of automated systems, and training materials to assist with the piloting of those tools
- Have conducted 20 readiness reviews for county AAA/ADRC (MAP) sites across the state of Maryland as part of their Money Follows the Person /ADRC imitative.
- Have performed audits with all county AAA/ADRC (MAP) sites to assess current standing against Money Follows the Person and pending Balancing Incentive Program requirements.

Development Specialist,**National Civil War Museum Harrisburg, PA****2005-2006**

- Grant writing
- Obtained grant, major gift, planned giving and sponsorship dollars for special projects, operational funds, etc. for the organization
- Responsible for management and maintenance of organizations membership base
- Responsible and met goal to raise over one half of organizations operating budget
- Launched ANTHEM- official magazine of The National Civil War Museum
- Editor in Chief of ANTHEM

Shortly after arriving both CEO and Marketing Department were dismissed from the organization and obtained the following additional duties:

- Ran marketing initiatives for museum including creation of adds, billboards, press releases and other marketing materials
- Managed media requests with local and national media outlets
- Served as main contact for the Museum for public and media inquires and well as for the Board of Directors
- Worked with board of directors to analyze annual budgets and prepare fiscal budgetary impact spending reports.

Sponsorship Manager,

Whitaker Center for Science and the Arts Harrisburg, PA

2002-2005

- Obtained Corporate Sponsorships for various programming initiatives
- Developed new sales strategies, proposal templates, fulfillment reports, applied industry standards to valuing benefits offered to sponsors etc.
- Managed all details of sponsorships such as prospecting, negotiating, contracts, execution of benefits, and fulfillment reports.
- Designed marketing pieces and content for sponsorship proposals.
- Managed marketing initiatives with local and national media outlets
- Obtained one quarter of organizations annual operating budget – meeting or exceeded projected goals for all three years.

Andrew E. Cieslinski

1131 Church St., Ann Arbor, MI 48104

Andrew@hcbs.info (734) 431-4977

Profile

Andrew Cieslinski has an extensive research background, and as a research assistant conducts literature reviews, policy research and analysis, and provides administrative support. He is currently pursuing his Masters in Public Health at the University of Michigan with a focus on health behavior and health education with certificates in health communication and global health.

Since joining HCBS Strategies, he has quickly gained a plethora of experience around Medicaid funded home and community based services. This experience includes assisting states in planning and implementing projects to meet the requirements for the HHS Balancing Incentives Program (BIP), developing standardized tools for intake, screening, and assessment, conducting policy analysis, and creating and piloting initiatives to gain Federal Financial Participation (FFP) funding.

Prior to joining the HCBS Strategies team, he worked as a clinical research assistant at the University of Michigan's Institute of Gerontology. He also has experience working as a lead resident care provider in an adolescent residential psychiatric facility and as a resident aide at an assisted living facility.

Education**University of Michigan School of Public Health****Ann Arbor, MI**

Master of Public Health, Health Behavior and Education

Expected Graduation: April 2014

Pursuing Certificates in Global Health and Health Communication

Grand Valley State University (GVSU)**Grand Rapids, MI**

Bachelor of Science, Psychology

Graduation: December 2010

Minor: General Business

Graduate of the Frederik Meijer Honors College

**Professional
Experience****HCBS Strategies, Inc.****Baltimore, MD***Research Assistant*

January 2013-Present

- Assist State, Federal, and private sector entities with enhancing Medicaid programs around home and community based services.

- Currently working with Texas, Hawaii, Maryland, and Alaska to improve, expand, and create various processes for improving Medicaid funded HCBS for the disabled and elderly.

University of Michigan Institute of Gerontology**Ann Arbor, MI***Clinical Research Assistant*

August 2012-May 2013

- Collected data through physical and cognitive testing with elderly subjects.
- Looked to evaluate long-term effects of aspirin on vascular dementia and blood pressure.

Pine Rest Christian Mental Health Services**Grand Rapids, MI***Lead Resident Care Provider*

August 2010- August 2012

- Worked in a locked residential facility with adolescents with psychiatric illnesses and traumatic histories.
- Led peer counseling groups, passed medication, performed physical management, and acted as a mentor.

Aramark Dining Services**Allendale, MI***Student Manager*

August 2008-December 2010

- Managed more than 50 employees who worked to feed several thousand students each day.

Oak Crest Assisted Living**Jenison, MI***Resident Assistant*

March 2009-November 2009

- Aided 25 elderly residents with daily activities including showering, dressing, toileting, and eating.

**Professional
Clubs**

- Michigan Healthcare Executive Student Association (MHESA) (2012)
- Health Behavior and Health Education Student Association (HBHESA) (2012)
- Psi Chi International Psychological Honors Society (2010)
- American Psychological Association (2009)

Research**Unrealistic Optimism of Undergraduate Students About Postgraduate Events****Experience***March 2010- April 2012*

Senior thesis for Grand Valley State University's Honors College. Developed a study to examine unrealistic optimism about postgraduate events including employment, salary, and

placement rate. Collected over 100 self-developed surveys and analyzed data using SPSS software in order to produce a 25 page manuscript. *Submitted for review for publication in the Journal of College Student Development.*

Am I Prepared to Take Care of My Parents? The Effects of Filial Anxiety on Life Satisfaction

June 2010-June 2010

This study aimed to examine filial anxiety by evaluating the predictive factors relationship quality, self-construal, and attachment style as predictors. The United States data that was used, 337 mother-daughter dyads, is from an international study. Later stages of this project looked at the differences in filial anxiety between Western countries such as the United States, Germany, and the Netherlands and Eastern countries such as China, Korea, and Japan. *The preliminary results of this study were presented at the Sixth Annual Art and Science of Aging Conference.*

Facial Feedback as a Mechanism for Aggression

March 2010-May 2010

Worked as a co-experimenter in a study on facial feedback. Evaluated hundreds of pictures to determine specific feedback features, after which these features were evaluated by both race and gender.

The Impact of Experimenter and Subject Gender on Views of Sexual Activity

December 2009-April 2010

Worked with two female experimenters to see how gender impacted subject's responses on questions about sexual activity. Found a significant difference in the way male subjects responded to female experimenters (more sexually conservative) than male experimenters (more sexually open/less sexually conservative). Used SPSS and other statistical software to decipher underlying correlations and interactions.

Technical Skills

Experience in business process analysis, online database research, report writing, policy analysis, quantitative/qualitative analysis software, and survey development.

Additionally, knowledge of website coding and design, project management software suites (ASANA), and Microsoft Office including Project, Visio, Dreamspark, Excel, PowerPoint, and Word.

Attachment C: Project Blurbs

HCBS Strategies has a focused, but extensive list of related project and expertise in the areas of home and community based systems and LTSS. We provide short descriptions for each of the projects listed.

Alaska Department of Health and Social Services – For this project, HCBS Strategies developed a comprehensive set of recommendations for reforms to Alaska’s long term care system. HCBS Strategies took a three prong approach to developing the recommendations and a plan. First, we conducted structured set of background information gathering efforts to obtain various perspectives on the Alaska service system. This included interviews with key officials, representatives of provider and consumer networks, and individual consumers and family members (through a series of focus groups). We also included a targeted effort on special issues through interviews with national experts and other states. Second, we conducted a structured review of the key business processes of the Alaska long term care system. During this task, we examined key systems infrastructure, such as standardized assessments, Information Technology (IT) systems, quality management protocols, reimbursement structures, and the mechanisms for enrolling providers. We developed a SWOT analysis (strengths, weaknesses, opportunities and threats) to help facilitate discussions. Third, we engaged in a collaborative process with the State and stakeholders to review and revise the proposed recommendations. During this phase we developed a funding stream crosswalk analyzing key requirements for programs funded with state-only dollars with potential federal funding streams, such as the new 1915(i) and (j) options created under the Deficit Reduction Act (DRA) of 2005. Together with the information and tools from the first two phases of the project, we developed recommendations for the State to move forward. Prior to writing the final report and recommendations, we conducted a series of community forums with stakeholders to obtain feedback.

The final report included findings from our activities during the project and a set of recommendations for addressing major issues that were examined. For each recommendation we included a discussion of the opportunities and challenges associated with taking action to implement the recommendation. May of the proposed solutions include similar challenges faced by other states such as: (a) Establishing

mechanisms for controlling costs that minimize the possibility of cost shifting and detrimental effects on the quality of care; (b) Streamlining access and coordinating assessment processes; (c) Developing a quality management strategy that complies with Center for Medicare and Medicaid Services (CMS) requirements; and (d) Incorporating greater consumer direction while maintaining the integrity of the overall budget. The final section of the plan included an implementation plan for the recommendations. The implementation plan identified infrastructure development, regulatory changes, Medicaid State Plan and HCBS Waiver amendments, and likely state resource needs to implement.

Alaska Community First Choice – The State of Alaska, Department of Health and Social Services, Division of Senior and Disabilities Services (SDS) awarded HCBS Strategies with a contract to review whether to and how to convert Alaska’s Medicaid Personal Care Attendant (PCA) program into a Community First Choice (CFC) option authorized under the Affordable Care Act (ACA).

We performed reviews of Alaska’s current operations for providing home and community-based services (HCBS) and analysis of the federal CFC regulations. We worked closely with SDS staff and leadership to develop a plan that was consistent with the State’s goals for the programs. We also organized and facilitated a CFC Council to obtain input from stakeholders and hosted six community forums.

The Final Report deliverable summarizes recommendations and proposed a plan on implementing CFC. The report includes an analysis of the estimated fiscal impact of implementing the program, draft intake, screening, assessment, and support planning tools, and a detailed implementation plan that identifies key tasks.

AARP – HCBS Systems Cost Effectiveness Study – Dr. Lutzky played a lead role in an analysis of the HCBS delivery systems in Washington, Oregon, and Colorado. This study analyzed and described the service delivery system and developed a micro-simulation model to compare actual costs with the expansions in HCBS with model costs of what might have occurred in the absence of these expansions.

Administration on Aging - Under a consulting agreement with The Lewin Group, HCBS Strategies provides technical assistance to Real Choice Systems Change grantees designing and implementing Aging and Disability Resource Centers. HCBS Strategies developed a business plan template that assists

these grantees in identifying the size and scope of their potential market, developing their operations, and building a case for sustainability. This business plan can be found at:

<http://www.adrctae.org/documents/ADRC%20Business%20Plan%20Template.doc?PHPSESSID=1b663c56c03ab0183f71d12ccfe6c75a>

Under this same contract, HCBS Strategies developed a white paper that explored how information technology can improve the efficiency of key HCBS business processes and facilitate the ability of program participants to direct their supports.

Arizona Governor's Council on Developmental Disabilities - HCBS Strategies worked with Johnston, Villegas-Grubbs and Associates and Virginia Commonwealth University to help the State better understand gaps and barriers to supporting competitive employment among individuals with developmental disabilities. This project resulted in recommendations for changes and specific tools (e.g., legislative language, fiscal impact statement) to assist the State in implementing these changes.

Brooklyn Hospital-Based Long-Term Care Strategic Planning - Dr. Lutzky assisted Larry Lewin in coordinating a strategic planning exercise between two hospitals, Maimonides Medical Center and Lutheran Medical Center, and Metropolitan Jewish Health System (MJHS), a conglomeration of long-term care programs and services. They conducted an analysis of each institution's core competencies, over-lapping services, and the external market to provide a range of affiliation options that will allow for a strengthened position in the marketplace.

Centers for Medicare and Medicaid Services (CMS) National Balancing Indicators Contractor – HCBS Strategies was part of a team that consists of IMPAQ and Abt Associates that assisted CMS in developing state-level indicators of the quality and effectiveness of states' efforts to include a more appropriate balance of community-based and institutional supports in their long term care systems. The effort will result in a series of mandatory and voluntary indicators that states and the federal government will use to evaluate programs.

Centers for Medicare and Medicaid Services (CMS) National Medicaid HCBS Evaluations - Dr. Lutzky was project director for a national evaluation of Medicaid 1915(c) waiver programs funded by CMS. During Dr. Lutzky's tenure with this project, the team: (1) determined the type of evaluation; (2) chose

sites – including cataloguing data about waiver programs nationwide; (3) Conducted site visits – including gathering information for the process component of the evaluation and determining the availability and comparability of administrative data sources; and (4) developed a data collection plan – including a sampling frame for interviews, survey instrument design, when surveys would be conducted, and how survey, administrative, and program characteristics data will be edited and merged into analysis files; and (5) specified the expected data analyses – including qualitative and quantitative analyses to assess programs and their impact on outcomes.

Connecticut Community Care Strategic Planning - Dr. Lutzky facilitated a strategic planning process for Connecticut Community Care, Inc. (CCCI), a nationally renowned long-term care case management agency. The initiative focused on preparing CCCI to adapt to a managed long-term care environment.

DC Department of Mental Health - HCBS Strategies assisted the DC Department of Mental Health (DMH) in the preparation of three Real Choice Systems Change grants and one Assets for Independence Grant. We worked with District staff and other key stakeholders to match their goals in improving the delivery of long term supports for individuals with disabilities to the requirements of the grant category that presented the greatest likelihood of success. As a result of these efforts, the District was awarded more than \$2.3 million in grant funds.

HCBS Strategies is now working with DMH and Georgetown University to implement the Real Choice Systems Change Portals from EPSDT to Adult Service grant. This effort will help identify children in foster care with mental health issues, and reform current Medicaid services and create a new Medicaid case management funding stream to assist them in transitioning to adulthood.

DC DMH Integrating Housing and Long Term Supports – HCBS Strategies assisted DMH in implementing the Districts Real Choice Systems Changing Integrating Long Term Supports with Housing grant. Under this project, we assisted DMH in matching individuals with mental health issues to housing and developing mechanisms to support home ownership.

DC At Risk Youth Wraparound Development – HCBS Strategies assisted DMH in designing a wraparound program that will help youth with serious mental illness avoid placement in Residential

Treatment Centers (RTCs). HCBS Strategies is assisting identifying possible Medicaid funding streams, financial architectures for reimbursement, and the operational design of the program.

DC 1915(c) Elderly/Physical Disability (EPD) Waiver - Dr. Lutzky oversaw the successful renewal and expansion of a Medicaid HCBS waiver serving the elderly. The renewal included both the addition of adults (18+) with physical disabilities to what was the “elderly” waiver and an increase in the enrollment cap. Assisted living and attendant care were also included as new Waiver services.

DC 1915(c) MR/DD Waiver - CMS approved a long-standing request to amend the District of Columbia’s Medicaid HCBS Waiver serving individuals with Mental Retardation and Developmental Disabilities in December 2001. This amendment increased the scope of funded services. Dr. Lutzky also oversaw the subsequent renewal that increased the number of people the Waiver can serve and added additional services.

DC HIV 1115/Ticket to Work – Dr. Lutzky oversaw the development, submission, and implementation of twin efforts to expand Medicaid eligibility for individuals who were HIV positive, but did not meet the Social Security Administration’s definition as being disabled because of AIDS. These efforts include the submission of an 1115 Medicaid demonstration that utilized savings from switching prescription drug financing from traditional Medicaid approaches to the Federal Supply Schedule to cover the additional eligibility group and the receipt of a \$26 million dollar CMS grant under the Ticket to Work Demonstration to Support Employment and Independence effort.

DHHS – Employer-based Long Term Care Insurance Survey - The Office of the Assistant Secretary for Planning and Evaluation (ASPE) within the Department of Health and Human Services sponsored this study to improve current understanding of employer group LTC insurance. The primary purpose of this research is to inform employers’ (including the federal government’s) decision about how to structure and market a LTC insurance offering to employees. Current practices were collected from a random and select sample of employers and best practices were compiled from the select sample (similar to government agencies, innovative, or successful in enrollment) of employers. The random sample survey generated a response rate of 58 percent, which is in line with response rates achieved with other employer surveys. The total sample included 93 employers.

DHHS – Long Term Care Financing Model – The Long Term Care Financing Model is a micro-simulation model that is used by federal agencies, including ASPE, OMB, and CBO, to estimate the cost of long term care policy initiatives. The model matches records from a core sample of approximately 45,000 individuals to a variety of other databases, including Social Security earnings records. Using a variety of assumptions and Monte Carlo simulation technique, the records are “aged” forward to project costs and utilization patterns in the future.

Hawaii Executive Office on Aging – Systems Change Developer - HCBS Strategies was awarded a contract by the Hawaii Executive Office on Aging to fulfill the role of the Systems Change Developer (SCD). The SCD effort involved the creation of a five year strategic plan to guide the development of operations infrastructure for Hawaii’s ADRC, Community Living Program (CLP) and Person-Centered Hospital Discharge Planning efforts. The infrastructure will streamline access to HCBS, help target scarce resources to individuals at greatest risk of institutionalization and Medicaid spend down, and provide a participant-directed option under the state-funded Kupuna Care program (a program of continuing care supports for non-Medicaid eligible older adults).

Our role in this project was to facilitate the development of the five year plan with EOA and four county-based Area Agencies on Aging that would become the ADRC sites. In order to help achieve some consensus by the group, we conducted operational reviews using visual modeling to create current and future models agreed to by the State and the AAAs. We managed, facilitated and provided technical assistance to a number of core workgroups in developing the operations that would be necessary under the new operations model. This included development of protocols, policies and procedures for the ADRCs, CLP and Hospital Discharge initiatives. In this effort we facilitated two ADRC Recharge Conferences and 36 meetings with six workgroups. Our strategic planning included a review of and plan for sustainability, readiness reviews and development of a continuous quality improvement strategy. Many of these activities involved the use of matrices and crosswalks to help facilitate decisions; resulting in consensus among EOA and the four county AAAs regarding all elements of the 5-year strategic plan and a final product deliverable for a 5 year strategic plan.

A key activity of this work was to facilitate decision making and consensus with the stakeholders and representatives that would support the ADRC. This involved organizing and facilitating the ADRC Recharge Conference and facilitating 36 meetings with six workgroups focusing on specific operational areas. HCBS Strategies was awarded the next scope of work in the support and implementation of the 5-year plan. The scope has included the implementation of the policies and procedures in the 5-year plan, managing the automation of the protocols described in the 5-year implementation plan with the State's MIS vendor, training of the staff, and continued development of stakeholder involvement to include county representatives, partner disability agencies, and the state Medicaid agency (Med-QUEST).

We have assisted the State implement the first stage of the ADRC in Maui County in April 2012 and will be next rolling out the ADRC in Kauai County in the fall of 2012.

Hennepin County DD Review - HCBS Strategies conducted a review of its programmatic operations that support individuals with developmental disabilities. This effort included an evaluation of key business processes, consumer and provider stakeholder focus groups, and developing recommendations for improving county operations.

Illinois Department on Aging – CMS Compliant 1915(c) Waiver Quality Management Strategy - HCBS Strategies assisted the Illinois Department on Aging to build a quality management structure for the State of Illinois Community Care Program (CCP) that complies with CMS requirements for 1915(c) waiver is under application version 3.5. CCP is an entitlement program serving individuals needing long term supports, who are over age 60 and live in the community. Many of the people served are Medicaid eligible under the 1915(c) waiver that includes CCP services. (CCP includes both a Medicaid and a state funded component.)

The project included an operational analysis of the existing quality management structure, comprehensive research of national practices, development of performance indicators, methodologies for discovery and remediation, and recommendations for operational implementation for the new quality management system (including technology tools).

We used a crosswalk system to lay out performance measures, thresholds for remediation, means to collect data, flow of information, and created formalized management reports at the state, region, provider, and consumer levels.

This project provided the State with the information needed for their waiver renewal. In addition, we provided the development and delivery of training materials written for staff and providers on the requirements of the new system.

Illinois Department on Aging – CFC Feasibility Study

The Illinois Department of Aging (IDoA) contracted with HCBS Strategies and with direction from the Governor's office, investigated the feasibility of implementing CFC and the potential implications for Illinois proposed 1115. During this effort, we interviewed key staff at each of the agencies overseeing the delivery of LTSS and obtained an understanding of some of the key operations challenges that Illinois will face as it tries to implement its 1115 Demonstration Waiver.

Illinois Department of Health and Family Services - HCBS Strategies provided technical assistance and analysis to research and develop a screening tool that could be used to more objectively determine eligibility and service budget assignments for the Medically Fragile, Technology Dependent (MFTD) children's waiver and for Nursing and Personal Care Services (NPCS) for the Illinois Department of Healthcare and Family Services (HFS).

In early 2012, HFS piloted this screening tool to determine its ease of implementation, as well as how children already determined eligible for the Illinois MFTD waiver and those children receiving NPCS would score on this new tool. HCBS Strategies analyzed the pilot data to determine the percent of children in the waiver who, if screened with the new tool, would no longer meet eligibility for the waiver services and estimated the fiscal impact to the State.

As a continuation to this work, HCBS Strategies provided a finalized training and support materials for the level of care and resource allocation tool as piloted. HCBS Strategies provided consultation in the design and proposed implementation of this screening tool.

Indiana Area Agency on Aging Technical Assistance – HCBS Strategies has an ongoing relationship with Generations, one of 16 Area Agencies on Aging in Indiana. HCBS Strategies wrote a presentation for Generations that discusses issues related to the structure of waiting lists for home and community-based services. This paper discussed the implications of various policy options on operations and the lives of individuals with disabilities. In addition, HCBS Strategies provided assistance in developing a response to a Request for Information (RFI) to the state.

LA County Integrated LTC Provider Consortium - Dr. Lutzky worked with a consortium of non-profit long-term care providers to individuals with disabilities in Los Angeles County to develop mechanisms to improve coordination and prepared for managed care. This consortium included AltaMed Health Services Corporation, Huntington Memorial Hospital's Senior Care Network, and Jewish Family Services of Los Angeles. SCAN Health Plan, Watts Health Foundation, and L.A. Care Health Plan.

Maryland Department of Health and Mental Hygiene – Aging and Disability Resource Center (ADRC)

Liaison for the Money Follows the Person (MFP) Demonstration – The Maryland Department of Health and Mental Hygiene (DHMH) awarded HCBS Strategies a contract to assist them in parts of Maryland's MFP into the ADRC effort, known as the Maryland Access Point (MAP) program. The scope of work was expanded to assist the MAPs in meeting the Administration for Community Living (ACL) criteria for full-functioning ADRCs and the single-entry-point/no-wrong door (SEP/NWD) requirements included in the Balancing Incentives Program (BIP).

This project included conducting operational review and systems crosswalk on each of the 20 MAP sites to develop an inventory of each site's structure, strengths, and challenges. We worked with DHMH, the Maryland Department on Aging (MDoA) and other stakeholders to identify the key infrastructure requirements in a gaps analysis and will be developing these requires into a State Action Plan.

Maryland Department of Health and Mental Hygiene - HCBS Waiver Quality Management Evaluation -

HCBS Strategies collaborated with the Delmarva Foundation to assess strengths and weaknesses of three 1915(c) Home and Community-Based Waivers for the Maryland Department of Health and Mental Hygiene. The scope of work also included the provision of a roadmap for redesigning a quality improvement system and some initial quality management tools.

Maryland Department on Aging – Community Living Program – HCBS Strategies assisted MDoA implement Community Living Program (formerly the Nursing Home Diversion Modernization) grant it received from AoA. HCBS Strategies assisted in a variety of efforts, including developing targeting criteria of identifying individuals at high risk of institutional placement and developing reimbursement approaches.

Minnesota Comprehensive Assessment Development – HCBS Strategies developed a Comprehensive Assessment tool and Individualized Service Plan for the Minnesota Department of Human Services, Disability Services and HIV/AIDS Division designed for use in its broad array of Medicaid and state funded continuing care programs. This work involved working extensively with stakeholder advisory groups in the development of the tools and protocols. Later, the work was extended to adapt portions of the tool to reflect the needs of older adults due to the interest in a similar process by the Division on Aging.

HCBS Strategies was additionally awarded a contract to provide assistance in the implementation the Comprehensive Assessment tool. Under this next scope, we developed a rollout-plan, updated the content to reflect programmatic changes, assisted with the automation of the tool content, developed a quality management strategy, developed core competencies for assessors, developed training materials, and oversaw a pilot of the tool.

Most recently, under an amendment of the existing contract, we worked with the Disability Services and HIV/AIDS Division to develop a crosswalk of the Minnesota specific HCBS Waivers (4 disability waivers) and the CMS-HCBS Taxonomy. The purpose of this exercise was to assist with two areas of state interest 1) development of common service definitions and scope of services across the disability waivers in areas where differences still remained; 2) aiding in the establishment of standardized rates paid to providers across similar services contained in the four disability waivers.

Minnesota MR/RC Budget Allocation – HCBS Strategies played a lead role in a collaborative effort with Johnston, Villegas-Grubbs and Associates (JVGA) to design a new county budget allocation methodology for programs serving individuals with MR/RC. The collaboration also included The Lewin Group and AmeriChoice. The overall goal of the project was to design a mechanism that will allow the state to

more equitably distribute the budget for individuals with MR/RC across the counties. HCBS Strategies surveyed all 87 counties and conducting more in-depth follow-up with a subgroup of counties to understand how they currently operate the MR/RC 1915(c) HCBS waiver. This information helped to determine which types of budget allocation methodologies are feasible and what infrastructure would need to be created to implement a new strategy.

National Council on Aging Reverse Mortgage Annuities Analyses – HCBS Strategies collaborated with The Lewin Group to estimate the impact of increased use of reverse mortgage annuities (RMAs) on Medicaid expenditures. These estimates were developed using the Long Term Care Financing Model, a micro-simulation model that can be used to evaluate the impact of a variety of long-term care policy scenarios.

PA Center on Independent Living Fiscal Intermediary Operational Manual Development - HCBS Strategies wrote an operations manual for the Center’s fiscal intermediary program. This program facilitates the ability of individuals with disabilities to manage an individualized budget for HCBS.

Wisconsin Family Care Program Evaluation - Under contract with the Wisconsin Legislative Audit Bureau, Dr. Lutzky led the first phase of The Lewin Group’s evaluation of Family Care. Family Care is intended to provide elderly and adult individuals with physical or developmental disabilities with greater choice and flexibility of services, to promote independence and facilitate a higher quality of life. Innovative aspects of the program include covering a broad range of home and community-based services as entitlement to people who functionally qualify capitated payments for these services, and a strong emphasis on consumer direction. This report can be found at www.legis.state.wi.us/lab/reports/00-0famcare.pdf.